

Case Number:	CM15-0052180		
Date Assigned:	03/25/2015	Date of Injury:	01/08/2003
Decision Date:	05/01/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/19/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The 54 year old female injured worker suffered an industrial injury on 01/08/2003. The diagnoses included chronic cervicalgia, chronic cephalgia, left upper extremity radiculopathy, chronic lumbalgia and discogenic low back pain. The diagnostics included lumbar magnetic resonance imaging. The injured worker had been treated with lumbar fusion, trigger point injections, and medications. On 2/17/2015 the treating provider reported neck, bilateral upper extremities, low back pain and right lower extremity. Without medication the pain is 10/10 and with medications it is 6 to 9/10. There is tenderness of the lumbar muscles. The treatment plan included Percocet and Fentanyl patch.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Percocet 10/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for neck, low back, bilateral upper extremity, and right lower extremity pain. Medications include Fentanyl and Percocet at a total MED (morphine equivalent dose) of 165 mg per day. With medications, the claimant has pain ranging from 6-9/10. Percocet (oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is in excess of that recommended and there is poor pain control. The claimant meets criteria for discontinuing opioid medication and therefore continued prescribing of Percocet was not medically necessary.

Fentanyl patch 50 mcg/hr #12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Duragesic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for neck, low back, bilateral upper extremity, and right lower extremity pain. Medications include Fentanyl and Percocet at a total MED (morphine equivalent dose) of 165 mg per day. With medications, the claimant has pain ranging from 6-9/10. Fentanyl is a long acting opioid used for the treatment of baseline pain. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is in excess of that recommended and there is poor pain control. The claimant meets criteria for discontinuing opioid medication and therefore continued prescribing of Fentanyl was not medically necessary.